

Waiting Room Video Survey



We are evaluating our waiting room video and need your help. Please take a few minutes to fill out this survey and return it to the front desk. The information you provide will be used to help improve the content of the video and monitor the quality of this Oral Health Promotion Program.

Please tell us: Select (✓) Your age in years: <input type="checkbox"/> 25 years or less <input type="checkbox"/> 25—44 years <input type="checkbox"/> 45—64 years <input type="checkbox"/> 64 years or more	Select (✓) Your Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Select (✓) How long did you watch the presentation for? <input type="checkbox"/> Less than 5min <input type="checkbox"/> 5—10min <input type="checkbox"/> 10—20min <input type="checkbox"/> More than 20min				
Please tick the box with the answer you feel best reflects your response.	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
1. The dental health video is better than using brochures or posters for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I found the video content to be practical and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The video was just the right length to watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The video was easy to follow and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The video has prompted me to consider changing my own oral health care behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I think other dental waiting rooms should have a dental health video like this one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I had more fun learning about my oral health because of watching the video.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I learned about oral health more quickly and easily because of watching the video.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The video made learning about health a better experience than I would have had otherwise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Video was the best format to present this oral care information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments regarding the video and the information provided?

Please tick ✓ the response that best indicates your answer with each statement BEFORE watching the video and AFTER watching the video.

BEFORE watching the video

What kind of tools do you often use for cleaning your teeth?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Mainly toothbrush |
| <input type="checkbox"/> | Toothbrush and sometimes dental floss and/or interdental brushes. |
| <input type="checkbox"/> | Toothbrush and always dental floss and/or interdental brush |
| <input type="checkbox"/> | Toothbrush and tongue brush |



AFTER watching the video

After watching the video, what kind of tools will you use for cleaning your teeth?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Mainly toothbrush |
| <input type="checkbox"/> | Toothbrush and sometimes dental floss and/or interdental brushes. |
| <input type="checkbox"/> | Toothbrush and always dental floss and/or interdental brush |
| <input type="checkbox"/> | Toothbrush and tongue brush |

How many times do you brush a day?

Before

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | I don't brush every day |
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 times |
| <input type="checkbox"/> | 3 times |
| <input type="checkbox"/> | 4 times |



After

After watching the video, how many times will you brush a day?

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | I don't brush every day |
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 times |
| <input type="checkbox"/> | 3 times |
| <input type="checkbox"/> | 4 times |

How many times a day do you eat meals (including snacks between meals)?

Before

- | | |
|--------------------------|-----------------|
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 times |
| <input type="checkbox"/> | 3 times |
| <input type="checkbox"/> | 4 times |
| <input type="checkbox"/> | 5 times |
| <input type="checkbox"/> | 6 times |
| <input type="checkbox"/> | 7 times or more |



After

After watching the video, how many times a day will you eat meals (including snacks between meals)?

- | | |
|--------------------------|-----------------|
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 times |
| <input type="checkbox"/> | 3 times |
| <input type="checkbox"/> | 4 times |
| <input type="checkbox"/> | 5 times |
| <input type="checkbox"/> | 6 times |
| <input type="checkbox"/> | 7 times or more |

How often do you eat sweets?

Before

- | | |
|--------------------------|-------------|
| <input type="checkbox"/> | Many times |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Not anytime |



After

After watching the video, how often will you eat sweets?

- | | |
|--------------------------|-------------|
| <input type="checkbox"/> | Many times |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Not anytime |

How many cigarettes/cigars/shisha do you smoke a day?

Before

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1—5 per day |
| <input type="checkbox"/> | 5—10 per day |
| <input type="checkbox"/> | 10—15 per day |
| <input type="checkbox"/> | 15-20 per day |
| <input type="checkbox"/> | More than 20 per day |



After

After watching the video, how many cigarettes/cigars/shisha will you smoke a day?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1—5 per day |
| <input type="checkbox"/> | 5—10 per day |
| <input type="checkbox"/> | 10—15 per day |
| <input type="checkbox"/> | 15-20 per day |
| <input type="checkbox"/> | More than 20 per day |

When should parents start brushing infants' teeth?

Before

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | With the 1st tooth |
| <input type="checkbox"/> | 1st birthday |
| <input type="checkbox"/> | 2nd birthday |
| <input type="checkbox"/> | 3rd birthday |
| <input type="checkbox"/> | 4th birthday |
| <input type="checkbox"/> | Later |



After

After watching the video, when should parents start brushing infants' teeth?

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | With the 1st tooth |
| <input type="checkbox"/> | 1st birthday |
| <input type="checkbox"/> | 2nd birthday |
| <input type="checkbox"/> | 3rd birthday |
| <input type="checkbox"/> | 4th birthday |
| <input type="checkbox"/> | Later |

Thank you for your responses and comments, these are important to us. Please return this survey to the box at reception.